

<b>Case Number:</b>	CM14-0187152		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	12/09/2004
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 12/09/2004. The date of the utilization review under appeal is 10/13/2014. Treating diagnoses include chronic lumbosacral spine pain with radiculopathy, left ankle strain, left knee strain, left greater than right hip trochanteric bursitis, and a left calf strain. The patient was seen in primary treating physician follow-up 08/05/2014. At that time the patient was seen regarding a history of a lumbar sprain with radiculopathy and left ankle sprain, status post-surgery, and bilateral hip trochanteric bursitis. The patient was seen with reference to a request for authorization of a Zynex electrical stimulation unit. The patient reported her pain had not changed. Her lumbar spine still had radiculopathy. Her ankle pain gave her discomfort at 3-4/10. The plan was to continue Dilaudid, Flexeril, and morphine and to try an electrical stimulation unit for a 1-month trial.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**DME: Zynex NexWave and supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 125-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

**Decision rationale:** The requested device is a combination interferential stimulation, TENS, and neuromuscular electrical stimulation unit. The California Medical Treatment Utilization Schedule does not discuss or recommend such combination units. In particular, among these modalities, neuromuscular electrical stimulation is described in the Medical Treatment Utilization Schedule on page 121. This guideline specifically states that neuromuscular electrical stimulation is indicated for rehabilitation, status post stroke, and there is no evidence to indicate its use in chronic pain. Thus, since this component modality is not supported by the treatment guidelines, it follows that the overall unit is not supported by the treatment guidelines. This request is not medically necessary.